

City Clerk's Office
Telephone (616) 530-7296
1155 - 28th Street SW., Box 905 Wyoming, Michigan 49509 www.wyomingmi.gov





SOLICITORS SELLING A SERVICE OR PRODUCT

Name of Co	mpany:	
Supervisor:	(Name)	
	(Phone Number)	
Temporary	location address (if applicable):	
Description	of service or product being advertised:	
# of People	Soliciting:	
Names: _		_
_ _		- -
_		-
_		_
_		-
Dates in Ne (Limit of 3 mths. B	ighborhood: efore Resubmitting)	_

* DO NOT APPROACH HOMES THAT POST NO SOLICITING SIGNS